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ABSTRACT

This paper contains the revised drug education guidelines for the state of California, which emphasize prevention of alcohol and drug abuse. The materials define school-based alcohol and drug abuse prevention programming as a comprehensive process that not only provides students with accurate information about alcohol and drugs, but also enhances self-esteem, communication skills, decision-making skills, and interpersonal relationships. The guidelines include: (1) a series of recommendations to administrators; (2) a general philosophy of and approach to school-based prevention; and (3) examples of effective programs dealing with drug and alcohol information, affective behavior, peer and family relationships, and life/career planning. Suggestions for implementing a comprehensive school-based prevention program focus on curriculum design, inservice training, staffing, counseling, and parent and community involvement. Relevant sections of the California Education code are cited, along with a list of resources and services. (NRB)

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# Guidelines for School-Based Alcohol and Drug Abuse Prevention Programs

CALIFORNIA STATE DEPARTMENT OF EDUCATION
Wilson Riles, Superintendent of Public Instruction
Sacramento, 1981

# Guidelines for School-Based Alcohol and Drug Abuse Prevention Programs

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See page 9 for additional information about Department of Education publications.

# Preface

In 1973 the State Board of Education adopted a policy document entitled *Guidelines for Drug Education in the Schools.* At that time the document, in combination with extensive training and program implementation throughout California, was widely recognized as a forward-looking and innovative response to the problem of drug use among youth—a problem that caused so much concern and turmoil in the late 1960s and early 1970s.

Despite the many excellent drug education and prevention programs that have been implemented in California's schools over the years, the drug and alcohol problem among our youth remains. Therefore, in 1981, as part of a reassessment of the Department of Education's efforts in this area, the guidelines have been revised with a focus on prevention.

The concept of prevention has gained increasing legitimacy and validity over the years, and schools must continue to be a vital component of the prevention process. Prevention is particularly relevant in the current era of fiscal restraint, for if schools, together with their communities or through their school site councils, can help to prevent alcohol and drug abuse, it follows that very costly treatment and other forms of care can be avoided. Equally important, our young people can be helped to lead better, more productive lives.

The revised guidelines include an emphasis on prevention and describe a variety of methodologies and reflect the latest concepts to promote prevention in the areas of alcohol and drug abuse.

DAVIS CAMPBELL
*Deputy Superintendent for Programs*

J. WILLIAM MAY
*Assistant Superintendent for Curriculum Services*

EM RIGGS
*Program Manager*
*School Health Program*

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Persida Drakulich, Consultant, Alcohol/Drug Abuse Prevention Education, State Department of Education

William Alkire, Consultant, Drug Education Program, Office of the Sacramento County Superintendent of Schools

Jerry Allen, Curriculum Coordinator, Fresno Unified School District

Donald Ave, Social Concerns—Teacher/Counselor, San Diego City Unified School District

Elgie Bellizio, Drug Education Resource Teacher, Salinas Union High School District, Monterey County; Director, Sunrise House, Salinas

Gus T. Dalis, Consultant, Health Curriculum and Instructional Services, Office of the Los Angeles County Superintendent of Schools

Cindy Dodge, School Nurse/Health Educator, San Juan Unified School District

Peter Frank, Coordinator, Substance Abuse, and Project Director, ESEA IV-C, Office of the San Diego County Superintendent of Schools

Emily Garfield, Program Director, Project Pegasus, San Mateo

Jeanne Gibbs, Executive Director, Center for Human Development, Contra Costa County

Larry Harrington, Program Manager, School Environment and Safety Resources, State Department of Education

Lillian Holmes, Coordinator, Nursing Services, Office of the Fresno County Superintendent of Schools

Claudette Inge, Coordinator, Instructional Support Services Unit, Office of the Alameda County Superintendent of Schools

Sue Lyons, Principal, Point Dume Elementary School, Santa Monica Unified School District

Charles Matus, Consultant, Drug Education Program, Office of the Sacramento County Superintendent of Schools

Sharon Michny, School Nurse/Health Educator, San Juan Unified School District

Chris Paré, District Resource Counselor, San Diego City Unified School District

Henry S. Resnik, Consultant, Pyramid Project (National Institute of Drug Abuse)

Eleazar Ruiz, Director, Child Welfare, Attendance, and Guidance Services, Office of the Santa Barbara County Superintendent of Schools

Bert Simpson, Coordinator, Drug Abuse Prevention, Office of the Orange County Superintendent of Schools

Arthur Suddjian, Attendance Supervisor, Fresno Unified School District

Kay Valler, School Nurse/Health Educator, San Juan Unified School District

Barbara Yanowski, Director, Education Projects, Operation Cork, San Diego

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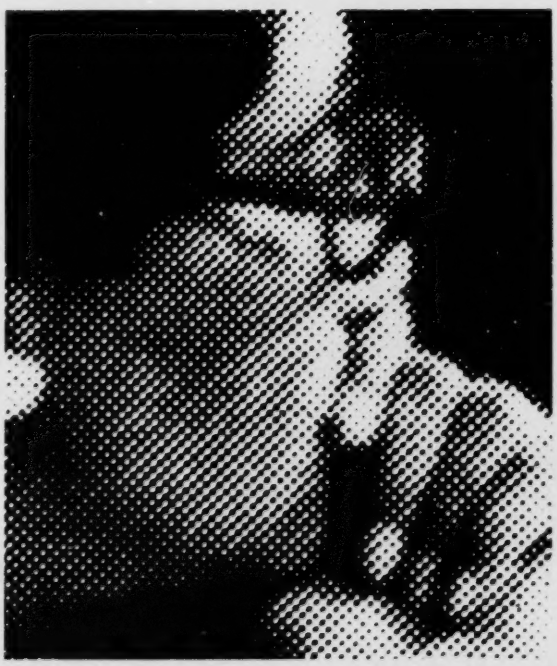
# Guidelines for School-Based Alcohol and Drug Abuse Prevention Programs

Next to the family, the schools are the primary societal institution serving young people, and it is logical that schools assume some responsibility for alcohol and drug abuse prevention.

In the early years of the drug crisis, school-based drug abuse prevention programs commonly focused on providing young people with information about the various dangers involved in using drugs. When it became evident in some situations that this scare-tactic approach was not only ineffective but in some ways was also counterproductive, many schools began to try other kinds of approaches—primarily prevention programs aimed at assisting students to develop social maturity and better decision-making skills.

Today most of the successful school-based alcohol and drug abuse prevention programs are predicated on the premise that a combination of straightforward factual information and social skill development is needed for prevention programming to be effective. This approach is based on the recognition that some individuals freely choose to use drugs and alcohol and that these choices are based on a variety of factors that schools and families can influence. Thus, school-based alcohol and drug abuse prevention programming is seen as a comprehensive process that not only provides students with accurate information about alcohol and drugs, but also enhances self-esteem, communication skills, decision-making skills, and interpersonal relationships that are incompatible with alcohol and drug abuse.

***In planning a program to meet the physical, emotional, and mental health needs of the student or to improve the school climate, the school site council should address this area of concern and design strategies in response to the needs of each student.***



### The Purpose of the Guidelines

These guidelines reflect the experience of school-based alcohol and drug abuse prevention specialists who have been active in California prevention programs for many years. The guidelines are a synthesis of basic principles of prevention programming and include a number of important issues that program planners and developers may want to consider as they develop new programs or reassess existing ones in their schools and communities. The guidelines do not prescribe a "best" approach for school-based alcohol and drug abuse prevention. Rather, they include a series of recommendations that should be carefully weighed in relation to the needs and priorities of particular schools and communities.

While it is clear that the program planning for each school and community will be unique in relation to the community's particular needs, the guidelines incorporate a general philosophy and approach to school-based alcohol and drug abuse prevention with which program planners should be thoroughly familiar. An understanding of this philosophy and approach will help to guide program planners in specific aspects of program development. For those planners who wish to work with a design model in mind, the guidelines also incorporate suggestions for a comprehensive school-based prevention program.

### Coordination with the School Improvement Program

Since the success of any activity in this area is dependent to a large extent on parent and community support, full use should be made of the school site council and the school improvement planning process, which encompasses the total program for each student. In planning a program to meet the physical, emotional, and mental health needs of the student or to improve the school climate, the school site council should address this area of concern and design strategies in response to the needs of each student. Such strategies should be designed as an integral part of the total program rather than as an adjunct to the program. Schools without councils or advisory committees could consider the value of these models.

### Coordination with the Health Instruction Framework

These guidelines were developed in conjunction with Section V, "Use and Misuse of Substances," of the *Health Instruction Framework for California Public Schools,* adopted by the California State Board of Education in March, 1977, and are based on the framework's overall approach to comprehensive

health education.[1] The basic approach on which the guidelines are based is reflected in three content area goals of the framework, which are that students will:

1. Develop knowledge, understanding, and awareness about the use and misuse of substances (alcohol, drugs, narcotics, tobacco) by individuals.
2. Develop decision-making skills (and an awareness of personal values) related to the use (and misuse) of mind altering substances.
3. Demonstrate responsible attitudes about the use of various chemical substances and appropriate alternatives to the use of mood altering substances.

Users of these guidelines should be familiar with the framework and with the specific concepts and objectives recommended for the various content areas and student developmental levels outlined in Section V of the *Health Instruction Framework*.

### Defining School-Based Alcohol and Drug Abuse Prevention

Despite many years of alcohol and drug abuse prevention programming in the schools, confusion about the precise nature and scope of prevention programming is often evident when groups of prevention professionals get together to share their views and experiences. To clarify this critically important aspect of prevention, the State Department of Education has developed the following definition of alcohol and drug abuse prevention as it applies uniquely to school-based programs:

> Drug abuse prevention efforts are aimed at forestalling the consequences of drug misuse. The term *drug* includes a variety of mind altering substances (any particular kind of matter, whether element, compound, or mixture; any chemical matter) such as alcohol, opiates, narcotics, marijuana, volatile chemicals, and other medicaments that may be used for either medical or nonmedical reasons. *Abuse* of a drug is that use which leads to unhealthy, illegal, or self-destructive patterns of behavior or causes emotional, physical, social, and mental harm to oneself or others.
>
> Unique aspects of school-based prevention programming are that it is:
>
> - Governed by and/or located primarily in an educational setting and is accountable to a local educational agency
> - Operated in accordance with Education Code provisions for drug and alcohol abuse prevention and education

School-based drug abuse prevention programs also:

- Create and/or reinforce positive behavior patterns before unhealthy or negative patterns, such as substance abuse, develop.
- Satisfy human needs and place obstacles in the way of negative and unhealthy behaviors.
- Promote alternatives to substance abuse and other forms of unhealthy and negative behavior.

## Prevention specialists commonly agree that prevention consists of several key elements:

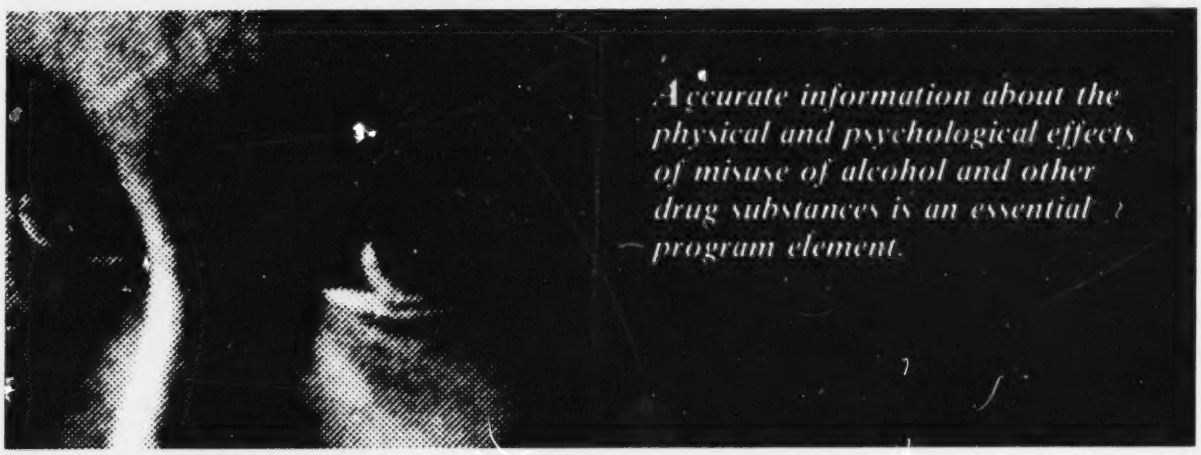
- A focus on rewarding a positive nondrug-using life-style rather than punishing drug use and abuse
- The provision of healthy, attractive alternatives to drug use
- Innovative programs that develop an individual's ability to rely on inner resources, skills, and experiences on an individual's constructive relationship with peers, schools, and community
- A reliance on peers, parents, schools, and the community as the most effective channels for information and for guiding young people
- The provision of clear, factual, honest, and relevant information about drugs and reasons why people use them, with special materials developed and provided for parents, teachers, and young adults
- The development of special materials for different groups of people confronted by distinct challenges: men; women; handicapped persons; ethnic minorities; the poor; persons in urban, suburban, and rural areas; and other special populations
- An evaluation component routinely included as part of every prevention effort[2]

[1] *Health Instruction Framework for California Public Schools*. Sacramento: California State Department of Education, 1978. Available from: California State Department of Education, P.O. Box 271, Sacramento, CA 95802. See page 9 for information on how to order the framework.

[2] "Federal Strategy for Drug Abuse and Drug Traffic Prevention," 1979 (excerpts). *Focus on Alcohol and Drug Issues*, Vol. 2, No. 5, September-October, 1979, page 17.

## The following general approaches are representative of most prevention programs. Ideally, more than one methodology is employed.

- ***Information.*** Accurate information about the physical and psychological effects of misuse of alcohol and other drug substances is an essential program element.
- ***Affective strategies.*** A variety of classroom activities can be developed to address such developmental areas as self-esteem, interpersonal relationships, communication skills, decision making, and an understanding of personal values.
- ***Peer programs.*** The many different ways of involving peers in prevention programming include peer counseling, peer tutoring and teaching, and a variety of approaches that involve older students working with and helping younger students.
- ***Alternatives.*** Young people need constructive alternatives to alcohol and drug use. These can include recreational alternatives, such as athletic programs, performing arts, and other extracurricular pursuits. They can also include service programs, in which young people volunteer to work with and assist people in need, and programs that offer experience in working.
- ***Life career planning.*** Career education and the development of such "life skills" as parenting are essential aspects of healthy growth among young adults.
- ***Family-oriented programs.*** Alcohol and drug problems often start in the family, either because of parents and siblings involved in substance abuse or other family problems that are closely related to substance abuse and destructive behavior generally. Family counseling, family communications and problem solving, and parent support groups are among the many approaches used to assist families.
- ***Systems-oriented programs.*** Often alcohol and drug abuse prevention programs address the systemic needs of such organizations as schools and community agencies. Here organizational change is seen as a key to eliminating the negative aspects of the organizational climate that are seen as contributing to alcohol and drug problems. School climate assessments, curriculum changes, and human relations days have been used in schools by school site councils and others at the school. Often schools have participated in community-wide coalitions to address serious community problems that have an impact on alcohol and drug abuse.


*Accurate information about the physical and psychological effects of misuse of alcohol and other drug substances is an essential program element.*

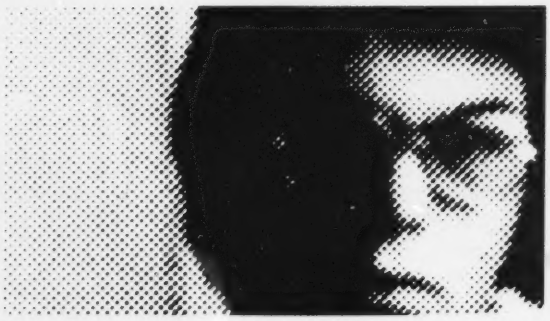
## Program Implementation

The following recommendations for various aspects of a comprehensive school-based alcohol and drug abuse prevention program represent the design model envisioned by State Department of Education program planners, prevention specialists, and consultants. While it is understood that few program directors will be able to implement every recommendation, all of the recommendations should be given careful consideration when priorities are set for program planning and implementation.

### Curriculum

- The curriculum should be comprehensive in scope, starting at the kindergarten level and extending through grade twelve or through the highest grades covered by the school district.
- The curriculum should be consistent with the *Health Instruction Framework for California Public Schools,* adopted by the California State Board of Education in 1977.
- In all grades a prevention-oriented curriculum should be offered in conjunction with instruction on health and other relevant subject areas.
- Prevention-oriented activities should be scheduled throughout the year rather than in a short, concentrated unit; i.e., the "one-shot" approach should be avoided.
- The curriculum should emphasize attitudes and decision making (affective learning) as well as information (cognitive learning).
- Prevention-oriented classroom activities should emphasize the stresses and influences that are associated with environmental factors, such as peer pressure, urban living, affluence, inequality of opportunity, the availability of drugs and alcohol, and the social acceptability of illicit drugs created by advertising.
- The curriculum should provide for the specialized needs of the local community, including needs for cultural relevance and bilingual materials.
- Clearly stated objectives should be established for the total program and for each level of instruction.
- The curriculum should be developed through cooperative planning of the school site council, school personnel, the target population (where appropriate), parents, and community representatives.
- Provisions should be made for ongoing evaluation and program accountability.
- Demonstrations that focus exclusively on drugs and how they are used should be avoided, because these tend to make drugs attractive to the nonuser.

***In-service training programs should offer opportunities to gain understanding of current approaches and to develop knowledge and skills relative to alcohol and drug abuse prevention through training and involvement.***



### In-service Training

- In-service training programs should offer to certificated and classified staff members opportunities to gain understanding of current approaches and to develop knowledge and skills relative to alcohol and drug abuse prevention through training and involvement.
- In-service training programs should be offered on a continuing basis and not as a stop-gap attempt to solve the drug problem.
- When in-service training is not conducted during the regular school day, opportunities for providing training or extension credit should be explored.
- A team approach to in-service training is recommended. Teams may include the school-site principal and parents, as well as teachers and other

school staff. In-service training that involves teachers working in isolation and without the support of the principal should be avoided.

- Training may be needed to make the school faculty aware of the nature, extent, and seriousness of the alcohol and drug problem in the school and community. Faculty members should also be provided with information about appropriate community agencies to which students with alcohol and drug problems or related problems may be referred.
- Whenever possible, prevention-oriented in-service training should be coordinated with other strategies designed to effect positive school change, such as staff development, human relations training, and the school improvement program.

***Staff members should not be assigned arbitrarily to alcohol and drug abuse prevention programs; only those people who have demonstrated an interest in and a commitment to this area should be considered for training and program staffing.***

**Curriculum Assistance to Teachers**

The districts should be responsible for providing:

- Program implementation and evaluation determined by the district administration at program inception
- The resources needed to implement and maintain alcohol and drug abuse prevention programs
- Support materials and guidelines for their effective use
- A curriculum that is coordinated with community-based program activities

**Teacher and Counselor Qualifications**

- In the selection of the school prevention education person to give leadership to an alcohol/drug abuse program, the following characteristics should be sought:

  Is perceived by students as approachable

  Communicates warmth and interest

  Is able to articulate students' concerns accurately

  Has empathy for growing children and adolescents

  Has capacity for sustained listening

  is authentic and honest

  Is willing and able to work with community resources and agencies

  Has knowledge of current issues, information, and resources related to substance use and abuse

  Has a sense of humor

- Staff members should not be assigned arbitrarily to alcohol and drug abuse prevention programs; only those people who have demonstrated an interest in and a commitment to this area should be considered for training and program staffing.
- Only teachers or counselors who have completed appropriate in-service training should be assigned to alcohol and drug abuse prevention programs.
- Whenever feasible, newly hired teachers should have had at least one preservice course in health education covering the physiological, psychological, and sociological factors related to the use of tobacco, alcohol, narcotics, restricted dangerous drugs, and other substances and current approaches to alcohol and drug abuse prevention.
- Because they are viewed by students as models, teachers and counselors chosen for prevention programs should be nonusers of illicit drugs and be circumspect in the use of alcohol and tobacco in order to maintain credibility.

**Counseling**

- Counseling services should be readily available (ideally, on a 24-hour basis) to all pupils and their parents who wish to discuss possible drug-related problems or other areas of personal concern.
- The counseling staff should be aware of a variety of substance abuse and counseling resources in the community to which referrals may appropriately be made.
- The alcohol and drug abuse prevention counselors should not be required to be responsible for both counseling and discipline, since the roles are often incompatible.
- The counseling program should provide crisis intervention services to all students and their families for drug related and other personal problems.

**Linkages to Parents and the Community**

- Parents should be involved in prevention by performing such roles as members of advisory groups, participants in parent education and family communications programs, members of school teams, resource persons for program implementation, and as prevention advocates.
- Whenever possible, cooperative relationships should be established to link the school-based program with relevant activities and personnel in community agencies.
- Whenever possible, a citizens' advisory committee should be established for the prevention program. Membership may include community leaders, parents, and representatives of community organizations, such as medical groups and health agencies, the clergy, the media, law enforcement, drug abuse agencies, and youth organizations. Among other roles, the advisory committee can be an advocacy organization for prevention programming by providing ongoing communication. Whenever a school site council or school advisory council exists in the school, a subcommittee might be established for this purpose.
- Parents, working with the PTA or school officials, can be very effective in developing for parents and teachers drug abuse prevention programs that will supplement the drug abuse prevention programs for children.
- Parents should have the opportunity to learn as much about drugs as their children are learning and also have the opportunity to talk openly with teachers about the problems, strategies, and responsibilities involved in reacting to drug use by young people.

***Cooperative relationships should be established to link the school-based program with relevant activities and personnel in community agencies.***

**Relevant Sections of the Education Code**

School-based alcohol and drug abuse prevention programs must be conducted in accordance with the following sections of the Education Code:

- *Section 51202.* This section requires that instruction about the effects of alcohol, narcotics, drugs, and tobacco on the human body be a part of the course in health at appropriate elementary and secondary grade levels.
- *Section 51203.* This section requires local school governing boards to adopt regulations specifying the courses and grades in which instruction about alcohol, narcotics, and restricted dangerous drugs will be offered.
- *Section 51210(f).* The adopted course of study for grades one through six shall include ". . . health, including instruction on the principles and practices of individual, family, and community health.
- *Section 51260.* In accordance with this section, instruction about alcohol, narcotics, drugs, and tobacco shall be conducted in conjunction with health courses or other appropriate areas of study.
- *Section 51261.* This section requires teacher education institutions to provide courses for prospective teachers in drug education and the effects of tobacco, alcohol, narcotics, and restricted dangerous drugs.
- *Section 60111.* This section authorizes the State Department of Education to establish an information center of current drug education materials, including effective courses of study, curriculum guides, teaching materials, reference materials, and reports of current school district policies related to drug education.

**Resources**

The following resources are recommended to program planners interested in locating consultant and technical assistance and further information on alcohol and drug abuse prevention programming:

- California State Department of Education
  School Health Program
  Alcohol/Drug Abuse Prevention Education
  721 Capitol Mall
  Sacramento, CA 95814 (916) 322-5420

  Services include:
  - Leadership to counties, districts, and schools engaged in prevention education programs
  - Consultant and technical assistance regarding the establishment of *school-based* programs
  - Distribution of instructional materials
  - In-service training

  Information center of current materials, including:
  - Effective courses of study
  - Curriculum guides
  - Teaching materials
  - Reports of current school district policies related to drug education

- California Department of Alcohol and Drug Programs
  111 Capitol Mall
  Sacramento, CA 95814

  Provides coordinative services in conjunction with County Drug Abuse Coordinator Offices to upgrade the skills and service delivery capacity of *community* prevention program staff members

  Services include:
  - Technical assistance to *community* prevention programs
  - Training in prevention strategies
  - Information regarding community resources

  Alcohol Prevention Unit: (916) 323-2082
  Drug Abuse Prevention Unit: (916) 323-1868

- Pyramid
  Prevention Branch
  Division of Resource Development
  National Institute on Drug Abuse
  3746 Mt. Diablo Boulevard, Suite 200
  Lafayette, CA 94549 (415) 939-6666

  Services include:
  - Federally funded prevention assistance and resource sharing network
  - Program planning
  - Staff and organizational development
  - Community relations
  - Media techniques

- Region 8 Training and Development Center
  U.S. Department of Education
  Alcohol/Drug Abuse Education Program
  USDE/ADAEP
  P.O. Box 9997
  Mills College Station
  Oakland, CA 94613 (415) 632-3775

  Services include:
  - Training of teams of individuals representing various school districts.
  - Purpose of school team approach is to enhance and assist school districts in developing programs which will reduce substance abuse and other dysfunctional behavior, such as crime and vandalism.

- National Clearinghouse for Alcohol Information (NIAAA)
  P.O. Box 2345
  Rockville, MD 20852 (301) 468-2600

  Free, federally sponsored materials about alcohol and alcoholism; wide audience range

- National Clearinghouse for Drug Abuse Information (NIDA)
  5600 Fishers Lane
  Rockville, MD 20852 (301) 468-2600

  Free federally sponsored information; wide variation of intended audience

- District Superintendent of Schools

- County Superintendent of Schools

***Parents should have the opportunity to learn as much about drugs as their children are learning and also have the opportunity to talk openly with teachers about the problems, strategies, and responsibilities involved in reacting to drug use by young people.***

## Other Publications Available from the Department of Education

*Guidelines for School-Based Alcohol and Drug Abuse Prevention Programs* is one of approximately 450 publications that are available from the California State Department of Education. Some of the more recent publications or those most widely used are the following:

| | |
|---|---|
| Accounting Procedures for Student Organizations (1979) | $ 1.50 |
| An Assessment of the Writing Performance of California High School Seniors (1977) | 2.75 |
| Better Schools, Better People: How Schools Can Help to Prevent Drug and Alcohol Abuse (1979) | 1.50 |
| Bicycle Rules of the Road in California (1977) | 1.50 |
| Bilingual Program, Policy, and Assessment Issues (1980) | 3.25 |
| California Guide to Parent Participation in Driver Education (1978) | 3.15 |
| California Private School Directory | 5.00 |
| California Public School Directory | 11.00 |
| California Public Schools Selected Statistics | 1.50 |
| California School Energy Concepts (1978) | .85 |
| California Schools Beyond Serrano (1979) | .85 |
| Criteria for Assessing Alcohol Education Programs (1977) | .85 |
| Discussion Guide for the California School Improvement Program (1978) | 1.50*† |
| District Master Plan for School Improvement (1979) | 1.50* |
| Education of Gifted and Talented Pupils (1979) | 2.50 |
| English Language Framework for California Public Schools (1976) | 1.50 |
| Establishing School Site Councils: The California School Improvement Program (1977) | 1.50*† |
| Foreign Language Framework for California Public Schools (1980) | 2.50 |
| Genetic Conditions: A Resource Book and Instructional Guide (1977) | 1.30 |
| Guide to School and Community Action (1981) | 1.75 |
| Guidelines and Procedures for Meeting the Specialized Health Care Needs of Students (1980) | 2.50 |
| Guidelines for Evaluation of Instructional Materials with Respect to Social Content (1980) | 1.15 |
| Handbook for Instruction on Aging (1978) | 1.75 |
| Handbook for Planning an Effective Reading Program (1979) | 1.50* |
| A Handbook Regarding the Privacy and Disclosure of Pupil Records (1978) | .85 |
| Health Instruction Framework for California Public Schools (1978) | 1.35 |
| History–Social Science Framework for California Public Schools (1981) | 2.25 |
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| Liability Insurance in California Public Schools (1978) | 2.00 |
| Manual of First Aid Practices for School Bus Drivers (1980) | 1.25 |
| New Era in Special Education: California's Master Plan in Action (1980) | 2.00 |
| Parents Can Be Partners (1978) | 1.35† |
| Pedestrian Rules of the Road in California (1979) | 1.50 |
| Pedestrian Rules of the Road in California–Primary Edition (1980) | 1.50 |
| Physical Education for Children, Ages Four Through Nine (1978) | 2.50 |
| Physical Performance Test for California, Revised Edition (1981) | 1.50 |
| Student Achievement in California Schools | 1.25 |
| Students' Rights and Responsibilities Handbook (1980) | 1.50† |
| Taking Risks: Book I, Elementary (1979) | 2.00 |
| Taking Risks: Book II, Secondary (1979) | 2.00 |
| Teaching About Sexually Transmitted Diseases (1980) | 1.65 |
| A Unified Approach to Occupational Education: Report of the Commission on Vocational Education (1979) | 2.00 |

Orders should be directed to:

California State Department of Education
P.O. Box 271
Sacramento, CA 95802

Remittance or purchase order must accompany order. Purchase orders without checks are accepted only from government agencies in California. Sales tax should be added to all orders from California purchasers.

A complete list of publications available from the Department may be obtained by writing to the address listed above.

†Also available in Spanish, at the price indicated.
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